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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 770137 (8)  
1. Corporation Name

NORTHEAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 70303  
OCALA FL 34470P.O. BOX 70303  
OCALA FL 34470-03033. Date Incorporated or Qualified  
08/11/19833a. Date of Last Report  
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21 ~~21~~ P.O. Box 70303

26 P.O. Box 70303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ABBATEPAOLO, I  
2457 NE 46TH PLACE  
OCALA FL 34479~~

81 Name PATRICIA SASSO

82 Street Address (P.O. Box Number is Not Acceptable)

3140 N.E. 49TH ST.

83 Ocala,

84 City FLORIDA

FL

85 Zip Code 34479

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Patricia Sasso, PATRICIA SASSO, PRES.

JAN. 17, 1997

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME PICKERING, JOHN  
STREET ADDRESS 4865 NE 28TH TERR  
CITY-ST-ZIP Ocala FL1.1 TITLE PATRICIA SASSO ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3140 N.E. 49 ST.  
1.4 CITY-ST-ZIP Ocala, FL, 34479TITLE VP ☒ DELETE  
NAME ABBATEPAOLO, I  
STREET ADDRESS 2457 NE 46TH PLACE  
CITY-ST-ZIP Ocala FL2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME KEELE ADEN  
2.3 STREET ADDRESS 4231 N.E. 22ND CT.  
2.4 CITY-ST-ZIP Ocala, FL, 34479TITLE S ☒ DELETE  
NAME NELSON, JERRY  
STREET ADDRESS 3880 NE 17TH AVE  
CITY-ST-ZIP Ocala FL3.1 TITLE S GALAPO ☐ Change ☒ Addition  
3.2 NAME GALAPO, ELLEN  
3.3 STREET ADDRESS 4340 N.E. 25TH. AV.  
3.4 CITY-ST-ZIP Ocala, FL, 34479TITLE D ☒ DELETE  
NAME KEELE, ADEN  
STREET ADDRESS 4231 NE 22ND CT  
CITY-ST-ZIP Ocala FL4.1 TITLE T ☐ Change ☒ Addition  
4.2 NAME GALLAGHER, TERESA  
4.3 STREET ADDRESS 3580 N.E. 43RD. PL.  
4.4 CITY-ST-ZIP Ocala, FL, 34479TITLE T ☒ DELETE  
NAME SASSO, PAT  
STREET ADDRESS 3140 NE 49TH STREET  
CITY-ST-ZIP Ocala FL5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME MAUTNER, HOWARD  
5.3 STREET ADDRESS 3150 N.E. 36 AV. #166  
5.4 CITY-ST-ZIP Ocala, FL, 34479TITLE D ☒ DELETE  
NAME TATRO, FRED  
STREET ADDRESS 3585 NE 43RD PLACE  
CITY-ST-ZIP Ocala FL6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME GALAPO, HARLEEN  
6.3 STREET ADDRESS 3580 N.E. 43RD. PL.  
6.4 CITY-ST-ZIP Ocala, FL, 34479

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Sasso, PATRICIA SASSO, PRES. 1-17-97 (352) 629-1935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0085503

CR2E037 (9/96)